

Provider Questions

October 2011

Relative vs Related

Clarification of Relative/Related persons as caregivers RHS: Siblings, aunts, uncles, cousins, in-laws, grandparents etc. When does it take affect and is it just the DD waiver and what is the hourly limitation per week?

Upon the approval of CMS, the pending DD Waiver 2nd Amendment will have an effective date of October 1, 2011. The same definition of relative/related will become applicable within the Autism Waiver Amendment scheduled to be submitted to CMS before the end of this calendar year. At this time, the definition will be applicable to Residential Habilitation and Supports services.

Within the pending DD Waiver 2nd Amendment, Relative/Related is defined as follows:

Related/relative implies any of the following natural, adoptive and/or step relationships, whether by blood or by marriage, inclusive of half and/or in-law status:

- Aunt (natural, step, adopted)
- Brother (natural, step, half, adopted, in-law)
- First cousin (natural, step, adopted)
- Grandchild (natural, step, adopted)
- Grandparent (natural, step, adopted)
- Parent (natural, step, adopted, in-law)
- Sister (natural, step, half, adopted, in-law)
- Spouse (husband or wife)
- Uncle (natural, step, adopted)

The hourly limit will continue to be up to a total of 40 hours per week delivered by any combination of relatives.

Prevocational Services

The ratio for facility based services Community Habilitation, Facility Habilitation and Pre-Vocational Services have been changed to small, medium, and large sizes. Please define small, medium, and large.

These changes were announced within the Division of Disability and Rehabilitative Services' [Quarterly Update of January 19, 2011](#).

Day Service Changes

As was announced last quarter, rates and billing ratios for Community Habilitation, Facility Habilitation, and Pre-Vocational Services have been updated in the latest waiver amendment. Those rates became effective December 1, 2010 and are as follows:

Community Habilitation

Ratio	Current Rate	New Rate
Individuals	\$23.24	\$22.08
2:1	\$ 13.03	\$8.48
3:1	\$ 8.69	\$8.48
4:1	\$ 6.52	\$8.48
6:1		\$4.72
8:1		\$4.72
10:1		\$4.72

Facility Habilitation

Ratio	Current Rate	New Rate
Individual	\$ 23.24	\$22.08
2:1	\$ 14.76	\$8.48
4:1	\$ 7.38	\$8.48
6:1	\$ 4.92	\$4.72
8:1	\$ 3.69	\$4.72
10:1		\$4.72
12:1		\$3.00
14:1		\$3.00
16:1		\$3.00

Pre-Vocational

Ratio	Current Rate	New Rate
2:1		\$ 8.48
4:1		\$ 8.48
6:1		\$ 4.72

8:1	\$ 6.00	\$ 4.72
10:1	\$4.80	\$ 4.72
12:1	\$4.00	\$3.00
14:1	\$3.42	\$3.00
16:1	\$3.00	\$3.00

Additionally, DDRS has:

- Added a provision allowing for Medium Group (5:1 – 10:1) Community Habilitation
- Added Large Group ratios (11:1 – 16:1) to Facility Habilitation
- Added Small Group ratios (4:1 and smaller) to Pre-Vocational Services
- Beginning December 1, 2010 it is only necessary to use the largest rate code for the group you are billing (4:1 for small group, 10:1 for medium group, and 16:1 for large group)
- Pre-vocational services may be done in the community using Enclaves and Mobile Work Crews

With the change to small, medium, and large pre-voc group size, has the ration tracking requirements been eliminated?

No, tracking is still required to document and support reimbursement.

OBA

OBA Appeals: how has the communication process been improved with families as they are working through the OBA Appeal process?

Appeals are handled through the Office of Hearings and Appeals, which is a separate division from DDRS. All hearing notices and questions regarding hearings should go through them.

If the BRQ process takes longer than the 30 day appeal window, will families still be allowed to appeal?

The BRQ is not required for an appeal. You can request a BRQ before the NOA is generated. If the team waits to submit a BRQ, they may have to appeal before the BRQ is back.

SGL

Waiting for referral has been very slow since the change to central office. Will there be any additional changes with this process:

DDRS is working to improve the vacancy and referral process. At present, there has been a decline in consumers interested in group home placement which means there have fewer referrals to send out.

Will there be any consideration to approve additional beds when there continues to be vacancies?

DDRS reviews on a case-by-case basis considering a variety of factors including geographic need, demographic need, ect...

Why is it necessary to complete the vacancy report weekly, can this be done on a monthly basis instead?

Monthly will be sufficient.

Level of Care

Discuss specific changes to the Level of Care (LOC) process and how long should process take from start to finish?

The major change in the LOC process is the two levels of LOC tracking. One is for LOC packets submitted for persons who are transferring from one group home to another or are being readmitted into the group home after medical leave. The packet is prioritized for a quicker turnaround/decision. The other tracking is for initial LOC packets. The packet is acted upon within a week of receipt within the LOC unit.

When does the committee meet for LOC?

Formally the committee meets once per week. However, some consultation occurs throughout any given day

Employment

Will any consideration be given to Employment Initiatives that explore self-employment?

While there are no specific efforts to promote just self-employment, it is certainly an option for individuals that are supported through the Employment First initiatives.

What are the initial recommendations to improve transfer to SEFA?

VR and BDDS have created a transition to SEFA process as well as updating administrative processes to make the transfer more seamless. BDDS will also be more engaged in an individual's employment activities.

Priority Waivers

What are the modifications to criteria for priority entrance to the waiver that has been submitted to CMS?

Within Appendix B-3: Number of Individuals Served (2 of 4), c. Reserved Waiver Capacity (priority criteria) - categories have been modified P.L.229-2011, Sec.278. A new Emergency Placement category replaces categories titled as follows under the "Purposes" chart:

- Eligible individual in other setting whose health and welfare is threatened
- Eligible individuals with loss or incapacitation of the primary caregiver
- Eligible individuals with an aging primary caregiver

How do you track priority waivers? Who does this and how many are used a year?

Rather than priority waivers, there are priority slots, technically known as the reserved capacity of a waiver. The overall capacity of each waiver application must be approved by CMS. When requested by the State, CMS may also approve a specified number (capacity) of slots per waiver year within identified reserved capacity categories to be used for priorities and/or emergencies. Within the State's data system, priority slot requests are submitted electronically to DDRS Central Office by the BDDS Field Offices so that they are coded and tracked by waiver and category. Ongoing, the DDRS Central Office monitors and manages the distribution of slots within each reserved capacity priority category, ensuring the capacity is not exceeded.

Priority access by reserve capacity category is made available as long as priority waiver slots in the specific reserve capacity category remain open. Once the priority waiver slots in a specific reserve capacity category are filled, individuals meeting the priority access criteria for that

category will be placed on the waiting list. They will subsequently be tracked based on their need for a priority waiver slot and offered a waiver slot when:

- A newly available priority waiver slot for which they qualify becomes available; or
- A non-priority waiver slot using the first come, first served criteria for waiver enrollment (date placed on the waiting list) becomes available and the applicant is the first person on the waiting list.

The federally approved reserved capacity is found under **Appendix B-3 –c** of each Home & Community Based Services Waiver program document link posted below. Look for the headings “Appendix B: Participant Access and Eligibility; B-3: Number of Individuals Served (2 of 4); c. Reserved Waiver Capacity”

- [Autism \(AU\) waiver](#)
- [Developmental Disability \(DD\) waiver](#)
- [Support Services Waiver \(SSW\)](#)

Nearly all federally approved priority slots are used within each specified waiver year.

HRCs

Regarding HRC’s: If the HRC as to have a behaviorist and medical person on the committee, do they have to be present at each meeting? Also, Can 2-3 agencies decide to use the same HRC committee?

Committees are responsible for determining number of members/types of representatives necessary to make a quorum to hold meetings and more than one agency can use the same HRC.

Under HRC policy 2-21-11, does provider mean residential provider or does the policy refer to providers of behavioral support? There is controversy over which provider is required to develop an HRC. Seems it is the responsibility of the Behavioral Support Agency, not a residential provider. Behavioral agencies tell my residential providers it is a residential responsibility to get HRC approval for a BSP.

Behavioral Support Plans (BSPs) containing restrictive interventions and/or psychotropic medications must be approved by an HRC prior to being implemented. DDRS Policy does not dictate whether BSPs are reviewed by residential or behavioral providers’ HRCs. Individuals’ support teams can determine which HRC they want to use.

Group Homes: Children

What is happening with the children now who want/need group homes?

We are currently evaluating the children's group homes. A decision on the use of these homes will be forthcoming.

Misc

Is it true that compliance surveys are going to still be required even though an agency has an outside accreditation? If so, why would an agency need an outside accreditation?

No, starting Jan. 1 2012 Day Service providers will have a deemed status. DDRS is discussing with accreditation bodies the ability to do this for other services.

Will agencies have to go through a CERT if they have required certification (i.e. CARF, etc)?

No, an announcement will come out at a later date when details have been finalized.

Discuss specific changes to complaint process.

There were no changes made to the complaints process - just clarification of contact information,

How will the BDDS case record reviews be carried out?

Providers will not be impacted, as Service coordinators are doing these as a review of case managers.

Regarding BDDS audit of AFC consumers: We were asked for monthly progress notes. AFC house holders are under a contract. How is an AF provider supposed to require this without violating federal employment laws by requiring them to act like an employee?

AFC householders are required to make one weekly entry regarding each participant, which is the same as is required of the provider.

MRC: When do we get closure letters or do they get sent anymore? Does the mortality review send closure letters?

BQIS has not sent closure letters for mortality reviews for the last several years. Consumer deaths are reported to DDRS through incident reports. Providers receive an e-mail at the time the death of person IR is processed stating the IR is closed. The Mortality Review Committee

reviews deaths and may forward recommendations of areas to review to ISDH or BQIS, or close the case with no recommendations.

The meetings are a great place to get information but sometimes DDRS Staff cannot answer any of my questions.

Unfortunately, not every staff member can answer every question as they may not work with that specific program. This is why we give you the opportunity to send questions in writing for response.